STATE OF NEW JERSEY
NOTIFICATION OF ASBESTOS ABATEMENT
(PURSUANT TO NJAC 8:60-7 AND 12:120-7

Date of Notification (*	1)				uilding Owr	ner / Opera	tor (2)				
01 / 18	/16			First Energ							
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Agencies Notified	Type of Not								50	2	
☐ EPA DEP		nitial Amended		City, State Akron, Ohio					3	910	73
		Amendment	1	Name of C				Telephone	umber	Tri-	m
✓ DOH ✓ DOL		Emergency w		Jim Halsey			,			8	0
		Cancellation	Jacanoanon		,		1		220	1	g/mores.
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Name of Facility Whe	re Abateme	ent is Taking F	Place (3)		Type of Fac	cility (4)			NTROL	-	m
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					170	School (K-		han V 42\	Õ	67	-
Street Address						Subchapte		commercia	35.0	4,00	- 1
152 BROAD STREET						bldgs., hon		,ommercia	Je		
City (5)	County (6)		County Code ((7)	Square Fee	100	# Of Floors	E	ilding A	Age	
RED BANK	MONMOUT		County couc (.,		.			_	_	- 1
INED DITITIO		***			Current Us	e (Prior if b	eing demo	olished)			
					Telephone I	Pole					
Name of Monitoring	Firm Hired	by Bldg. Own	er (8)	ASCM NO							
							. OTU: 0 5:	20115 1112			
Environmental Health	Investigation	ns			NORTHSTA		ACTING GI	KOUP. INC.			
Street Address					Street Add	ress					- 1
655 West Shore Trail					32 Williams	Parkway					- 1
City, State, Zip Code Sparta, NJ 07871					City, State,						
Project Mngr. For Mo	onitoring Fi	rm	Telephone Nu	mber	oity, otato,	_,,					
Dino Nappi	Jintoinig i i	••••	212-682-9271		East Hanov	er, NJ 0703	36				
Sheduled Start Date	(10)	Sched. Comp	letetion Date (1	11)	Telephone	Number		License Nu	nber		
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Occupancy Status D	uring Abate	ement (Check	Only 1)		Name of O NORTHST			ROUP INC			
		ed During En	ire Period of		Street Add	7,000	ACTING C	1001.1110			
Abatemen		d Outside of N	lormal Facility		Street Add	1033					
		Friday 8:00 ar			32 Williams	Parkway					
					City, State,						
					East Hanov	er, NJ 0703	36				
Scope of Work (Che	ck All That	Apply)									
					Full Conta	inmont wit	h Nogotivo	Droceura			
Demolitio		✓	Renovation		Mini - Encl		ii wegative	11033410			
				H	Glovebag						
					Non-Exem	pted (*) an	d Non-Fria	ble Proced	re		
				VATE 202							
Location o	***************************************	ls		Descript				Abatemen		-	le.
Asbestos Cont	aining	Location	A:	sbestos - C			Amount	R		E N	E N
TO DE ADAT		Normally	1 "	Material .e., therma			(Specify	M	ii	C	C
TO BE ABAT in Facility		Used Solely			facing, VAT	,	SF or LF)	(0.000)	ří	A	L
(13)		by Main-			ellaneous)		1800 500 500	V	14	P	0
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		Custodial	1					L	11	U	U R
		Staff (12)								_	IX -
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Exterior Telephone P	ole		Transite Cond	uit			30 Li			H	
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Name of Registered	Waste Hau		NJDEP Waste	Cubic	Name of R	Registered	Landfill				
NEWARK CARTING		9.50	Hauler ID No.	Yards	I.E.S.I.						
			4509	of Waste							_
City, State				Disposal	City. State		ine				
NEWARK, NJ				Date	BETHLEH	EM, PA 181	105				
Completed by /D-i-t	or Typo)		Title			Signature		17		Date	
Completed by (Print	or type)		111111111111111111111111111111111111111			1 / 1	5	1/L	, ,		
Steven Stiles			Project Manag	ger		1. X	ener	Stu	4	02	2/01/16
ASB-41						/		/			

State of NJ
Notification of Asbestos Abatement
(Pursuant to NJAC 8:60 and 12:120)

D&S Proj. #: 16-31	~	54	NOUNCE		estos	Abatement and 12:120)			REC	E/	VE	Pa	
								201	FFP		_	k)	
Date of Notification (1)	- 11	ame of Bu	•	er/Operator (2)				458	FFB	A	1 9:	52	
Agencies Notified Type Notification	on St	reet Addre	ess					Q	LICEN	LUA	TRI),	
DEP Amended									-74	SIM	3 ''(JĹ	
Amendment #:		ty, State,											
DOH Emergency (including		Newark,	NJ 0710)4	_		-	Telepho	e Number		-	_	
justification)								7	2 7052				
Cancellation		michael					_			===			
			FACIL	LITY INFORMA	ATION		_						
Name of facility where abatement is michael mutter	taking pla	ce (3)						☐ Subc) (K - 12) apter 8 (C			-12)	
Street Address								Other Bldgs Square Feet	(Private/C /Homes, e	tc.		dg. Ag	10
City (5)	Coun	ty (6)				nty Code (7)	-						
Newark	esse	X			(Sta	te use only)		Current Use (rior if bein	g dem	olishe	ed)	
Name of Monitoring Firm Hired by E			T	ASCM No.		Name of Abatem	ent (Contractor (9)					
						D & S RESTO	ORA	ATION, INC.					
Street Address						Street Address							
City, State, Zip Code					_	20 California City, State, Zip Co	No.	re.				-	
only, orace, zip oode						Paterson, NJ		503					
Project Manager for Monitoring Firm		Ph	one Numbe	er	_	Telephone Numb			License	Numb	er		
						973-345-80			0	1169			
Start Date (10)	Sched.	Completi	on Date (11)	_	Name of OSHA N D & S Resto							
01/28/16	02/12	/16				Street Address	iau	JII, IIIC.I		_	-		
Occupancy Status During Abatemen						20 California	Av	enue					
Facility closed/vacated during Abatement performed outside Describe:						City, State, Zip Co	ode						
Other-Describe: NORMAL H	OURS				-	Paterson, NJ	07:	503					
Scope of Work (check all that apply)							ull Containment	v/negative	press	ure		
_	Renovation							Mini-enclosure Glovebag proced	re				
≥160 sf or ≥260 lf	Demolition		1 - 1-1					Non-Exempted (*	and Non-	friable	proc		
Location of asbestos-containing	by mainte		used solely todial	1	n of a	sbestos-containing	9	Amount		e	e	E n	E n
material (acm) to be abated in facility (13)	staff(12)	2000	Т	material (spesios-containing	y	(Specify LF)	3F or	m o	p a	c a	c
abated in facility (15)	Yes	No	N/A							v e	i r	р	L
BASEMENT		X		pipe insulat	ion			15 l ft		X			
										#	H		片
										ዙ	片	H	#
					-		-	-		ዙ	H	H	#
Registered Waste Hauler		P Hauler		ubic Yards of V	Vaste	Name of Registe				.[—]			
D & S RESTORATION, INC. City, State	135	06	Disposal Da	yd.			N, 1	RESOURCE R	ECOVER	RY	-		
PATERSON, NJ 07503			01/29/16			City, State TULLYTOV	VN.	PA					
Completed by (Print or Type)	Title			Signature			- '		Date				
	PRESIDI				557755 20				01/27/	16	-		
ASR-41 *	Do not use	this form	for aspesto	s licensure exe	empte	a activities.							

EMERGENCY

State of New Jersey	
NOTIFICATION OF ASBESTOS ABATEMEN	T
(Pursuant to NJAC 8:60 and 5:16)	

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Date of Notification (1)		16	_			of Building of Camd	Owner/Opera	ator (2)				PU	7010	33 310	スト	225
Agencies Notified Typ	oe Notifica	ation			Street /	Address						Qo r	7	0	-	7
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	Amendm	ent#			1000	den, NJ						7	Z.C)	T	
□ DCA 🛛	Emergen		uding	-	100000000	of Contact				-	Telenho	e Number	عاله	7	ب	-
(NJAC 5:23-8)	justificati				alata da						2=2=		7	7	C	37
Ш	Cancella	tion				n Bond						-		0	- 1	0,
					FAC	ILITY IN	FORMATIO							٢		
Name of Facility Where Abat PRINCESS AVE RESIDE		Taking I	Place (3)						e of Facility (4) School (K-12)		V 12\				
Street Address										Subchapter 8 (Other (i.e., priv	ate and	commercia	l build	dings,		
										homes, etc.)						
City (5)										are Feet	# of Flo		100	. Age	9	
Camden										aries	vari		. 200)+		
County (6)					Coun	ty Code (7))(STATE USE O	NLY)		rent Use (Prior			d)			
CAMDEN										IOUSING DE	EMED	JNSAFE				
Name of Monitoring Firm Hir	ed by Bui	ilding O	wner (8)	ASCM	No.				Contractor (9)						
Health and Safety Ser	vices				117		Controll	ed En	ıvir	onmental Sy	stems					
Street Address							Street Addre									
PO Box 365	535						1121 N.	Bethl	ehe	em Pike - Su	ite 60					
City, State, Zip Code							City, State,	Zip Co	de							
Berlin, NJ 08009							Spring H	louse	, P	A 19477		y				
Project Manager for Monitor	ing Firm			Tele	phone	No.	Telephone I	No.			Licens					
Jim Proctor				С	609-8	39-2432	215 542	7000			300	17				
Start Date (10)	16				tion Da		Name of OS	SHA M	lonit	or						
Occupancy Status During A							Street Addr	ess								
☐ Facility Closed/Vacated I					ment				ehe	m Pike -Suit	te 60					
☐ Abatement Performed O	utside of l	Normal	Facility	Hou	rs - Des	scribe	City, State,	State March College								
Time of Abatement: 7:00							2			A 19477						
Scope of Work (Check all th	at apply)						953		-,		-	·				
 ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf 	ат арріу)		☐ Rei				☐ Mi	ini-End	losi a Pi	ment with Negarate rocedure ted (*) and Nor						
			Is	Loca	tion									ateme	ent T	ype
Location of Asbestos-Containing Ma TO BE ABATE IN Facility (13)	aterial (AC	CM)	Use Ma	inten	ely by ance/ Staff?		Descri estos Contain e., thermal sy surfacing other mise	ing Ma stems g, VAT	insi , or	ulation,	(SI	ount ecify or LF)	Removal	Repair	Encapsulate	Enclosure
(13)			Yes	No	N/A					70					-	
SEE ATTACHED						SEE A	TTACHED				200 YI	per res				
			П													
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					NIDEE	Waste	Cubic Yard	de of	_	Name of Regis	stered L:	ndfill			_	
Name of Registered Waste Waste Management				- 1	Hauler 1727	ID No.	Waste 200/res			GROWS			/ - t- 2			
City, State					1141		Disposal D			City, State						
Fairless Hills, PA							3/31/16			Tullytown	PA					
A STATE OF THE PARTY OF THE PAR																
Completed By (Print or Typ	ne)	Titl	e				Signa	ature .	1_	1	/	Da	9	1		

ELC#: 10400 (Pursuant to NJAC 8:60 and 5:16)

DPA	Date of Notification (1)					Name	of Building	Owner/Operator (2	2)						
DOLYD	2 /	1 / _	16	_		City	of Camd	len							
DOLVD	Agencies Notified	Type Notifica	tion			Street	Address				7	2	3		
City, Site, Zip Code Camber Contract						PO I	Box 9512	0			U		5	, ma	J 78
Date		_			Ì	City, St	tate, Zip Co	ode			200	1	-	1	-
Name of Facility Where Abatement is Taking Place (3)				di i alia a		Cam	den, NJ	08101				2		4	. A -18
		iustificatio	y (inc in)	auding	1	Name	of Contact			Teleph	ne Numb	er.			-
Name of Facility Where Abatement is Taking Place (3)						Joh	n Bond				L111	J 1	330		4
Name of Racility (Nithere Abstement is Taking Place (3)						FΔC	II ITY INI	FORMATION			<u> </u>				I a i
ADDON AVE RESIDENCES	Name of Facility Where Al	batement is T	aking	Place	(3)	1740		Orthon	Type of F	acility (4)	- 2)			had
Subchapter 8 (Other t an K-12) Subchapter 8 (Other t and K-12) Subchapter 9 (Other t and K-12) Subchapte			ug	1 1000	(0)							70	۲	n	
Country (S)	The second of th								Subch	apter 8 (Other		-			
Square Feet 3 of F 20 ors 30 o	oli cel / ladi ess							1			commerc	ial bui	ldings	5,	
Country (6)	City (5)								10.5%	Control of the Contro	ors	Blo	la. Aa	е	<u> </u>
County (6)									S	-0.000				_	
Name of Monitoring Firm Hired by Building Owner (8)						Coun	by Code (7)	(STATE LISE ONLY)							_
Name of Monitoring Firm Hired by Building Owner (8)						Ooun	ty oode (1)	(OTTILE GOL ONLY)							
Health and Safety Services		Hired by Build	lina O	hunor (۵۱ ۱	ASCMI	No	Name of Abateme			ONOA				
Street Address PO Box 365 1121 N. Bethlehem Pike - Suite 60	and the second of the second o	and the second of the second o	illig C	wilei (0)		NO.	THE THE STATE OF STREET, THE			e 0				
PO Box 365		ervices				117			IVIIOIIIIE	ental System				-2-12-1	
City, State, Zip Code Berlin, NJ 08009 Berlin, NJ 08009 Spring House, PA 19477 Telephone No. Jim Proctor Start Date (10) 2								self-pressure reserves	aham Di	lea Suita 60					
Project Manager for Monitoring Firm		*			T-27-10					ke - Suite 60					
Telephone No. Telephone No. C 609-839-2432 Telephone No. C 509-839-2432 Telephone No. Telephone No. C 509-839-2432 Telephone No.	N 1788 - 111									177					
Start Date (10)									e, PA 194				7.000		
Start Date (10) 2		toring Firm			100000000000000000000000000000000000000		AMOUNT .	137000 Ban Van Poetro Acces 001-0012		1					
2										00	4/				
Occupancy Status During Abatement (Check only one) ☐ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours - Describe ☐ Time of Abatement T:00AM-5:00PM PM— AM ☐ Pull Containment with Negative Pn ssure ☐ Sas for ≥ 3 If ☐ Renovation ☐ Demolition ☐ Demolition ☐ Demolition ☐ Described Normally ☐ Location of ☐ Asbestos-Containing Material (ACM) ☐ Described Normally ☐ Location of ☐ Asbestos-Containing Material (ACM) ☐ Described Normally ☐ Description of ☐ Asbestos-Containing Material (ACM) ☐ An ount ☐ Description of ☐ Asbestos-Containing Material (ACM) ☐ Description of ☐ Asbestos-Containing Material (ACM) ☐ Description of ☐ Asbestos-Containing Material (ACM) ☐ Description of ☐ Desc		F-100							lonitor						
Second	<u>Z</u> / <u>11</u> /	16		3 /	_ 31	_ / _	16	CES							
□ Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 7:00AM-5:00PM/ PM- AM Sping House, PA 19477 Scope of Work (Check all that apply)															
Scope of Work (Check all that apply) Sopring House, PA 19477								1121 N Bethl	ehem Pil	ce -Suite 60					
Scope of Work (Check all that apply) Spring Rouse, PA 1947 Scope of Work (Check all that apply) Spring Rouse, PA 1947 Scope of Work (Check all that apply) Secope of Work (Check all that apply) Mini-Enclosed Secope of Work (Check all that apply) Mini-Enclosed Secope of Work (Check all that apply) Mini-Enclosed Secope of Work (Pini of No. An ount of Abatement Type) Asbestos Containing Material (ACM) An ount of Abatement Type of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing (ACM) (i.e., thermal systems insulation) (i.e., thermal systems insulation) Secondarial (ACM) (i.e., thermal systems insulation) (i.e., thermal systems insulation) Secondarial (ACM) (i.e., thermal systems insulation) (i.e., thermal systems insulation) Secondarial (ACM) (i.e., thermal systems insulation) Secondarial (ACM) (i.e., thermal systems insulation) (i.e., thermal systems insulation) Secondarial (ACM) (i.e., thermal systems insulation) Secondarial (ACM) (i.e., thermal systems insulation) (i.e., thermal systems insulation) Secondarial (ACM) (i.e., thermal systems insulation) Secondarial (ACM) (i.e., thermal systems insulation) Secondarial (ACM) (i.e., thermal systems insu				2,000			cribe								
□ ≥3 sf or ≥3 if □ Renovation □ Containment with Negative Prissure □ Since □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □	Time of Abatement. 1.	.00/NI-0.00	IVII					Spring House	e, PA 194	177					
Second	Scope of Work (Check all	that apply)						□ FII Co		ith Negative D					
See Attached See	□ >3 sf or >3 lf			П Re	novati	on				vitri Negative Pi	Ssure				
Is Location Normally Description of Asbestos-Containing Material (ACM) Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes No N/A								☐ Gloveba	g Procedu		-				
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13) SEE ATTACHED SEE ATT						4			mpted (*)	and Non-Friable	Procedure	1			
Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13) SEE ATTACHED SEE AT	77 51-5121-715	90							11	1		Ab		ent Ty	ype
SEE ATTACHED Custodial staff (12)			D.				Ashe			M) Ar	ount	Rei	Re	Enc	Enc
Yes No N/A	TO BE ABA	TED	.,	0.00000				., thermal systems	insulation,	(S	ecify	von	bair	aps	dos
Yes No N/A		.y		Cus		75-1-07/07/07/03				SF	or LF)	<u> 87</u>		ula	ure
Name of Registered Waste Hauler Waste Management of NJ City, State Fairless Hills, PA Completed By (Print or Type) Patricia Visco Pass-41 NJDEP Waste Hauler ID No. 17273 Cubic Yards of Waste Waste 200/residenc Disposal Date 3/31/16 City, State Tullytown PA Signature Date 2 1 / 2016	(15)			Yes	1	1000000000	1	other miscenarie	.003)					e	
Name of Registered Waste Hauler Waste Management of NJ City, State Fairless Hills, PA Completed By (Print or Type) Patricia Visco Pass-41 NJDEP Waste Hauler ID No. 17273 Cubic Yards of Waste Waste 200/residenc Disposal Date 3/31/16 City, State Tullytown PA Signature Date 2 1 / 2016	SEE ATTACHED					\vdash	SEE AT	TACHED		200 V	nor roe			П	П
Name of Registered Waste Hauler Waste Management of NJ City, State Fairless Hills, PA Completed By (Print or Type) Patricia Visco Name of Registered La Idfill Cubic Yards of Waste Hauler ID No. 17273 Cubic Yards of Waste Subject State Signature City, State 3/31/16 City, State Tullytown PA Signature Date Z/ i / Zoli6 ASB-41	SEE ATTACHED			ш	-	-	SEL AI	TACHED		200 1	peries			_	_
Name of Registered Waste Hauler Waste Management of NJ City, State Fairless Hills, PA Completed By (Print or Type) Patricia Visco Name of Registered La Idfill Waste Subject State Signature Cubic Yards of Waste Subject State Vaste Signature Si											77		Ш	Ш	Ш
Name of Registered Waste Hauler Waste Management of NJ City, State Fairless Hills, PA Completed By (Print or Type) Patricia Visco Office Manager NJDEP Waste Hauler ID No. 17273 Cubic Yards of Waste 200/residenc Disposal Date 3/31/16 Tullytown PA Signature Date City, State Title Office Manager															
Name of Registered Waste Hauler Waste Management of NJ City, State Fairless Hills, PA Completed By (Print or Type) Patricia Visco Office Manager NJDEP Waste Hauler ID No. 17273 Cubic Yards of Waste 200/residenc Disposal Date 3/31/16 Tullytown PA Signature Date City, State Title Office Manager													П	П	
Waste Management of NJ City, State Fairless Hills, PA Completed By (Print or Type) Patricia Visco Disposal Date 3/31/16 Tullytown PA Signature Date Title Patricia Visco Office Manager	Name of Registered Most	to Hauler				1000000	Naste	Cubic Yards of	Name	of Registered L	ıdfill				
City, State Fairless Hills, PA Completed By (Print or Type) Patricia Visco ASB-41 Disposal Date 3/31/16 Tullytown PA City, State Tullytown PA Signature Patricia Visco Office Manager					1000						Zidilli				
Fairless Hills, PA Completed By (Print or Type) Patricia Visco Office Manager ASB-41 Tullytown PA Title Signature Date Z/1/2016		. 01 110				17273	3								
Completed By (Print or Type) Patricia Visco Office Manager ASB-41 Title Signature Title Z/1/2016															
Patricia Visco Office Manager Vatura Visco 2/1/2016									Tully	ytown PA					
ASB-41	*	ype)						Signature	1			1	j		
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	ASB-41 JAN 13	1	*	Do no	tuse t	his form	for ashes	tos licensure exem	nted activi	ties.		/	1		

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 5:16)

(Pursuant to NJAC 8:60 and 5:16)

Date of Notification (1)			Name	of Building	Owner/Operator (2	2)						
//	16		City	of Camo	len							
Agencies Notified Type Notificat	tion		Street	Address								
☐ EPA ☐ Initial			PO	Box 9512	20							
☑ DOLWD ☐ Amended ☒ DOH Amendme	nt #		City, S	tate, Zip C	ode				22			
DOH Amendme ☐ DCA ☐ Emergence			Can	nden, NJ	08101			D U	2016	,	20	
(NJAC 5:23-8) justificatio			Name	of Contact			Teleph	ne Numbe	r 7	7	- 1 him	
☐ Cancellation	no		Joh	n Bond			1			ט ז	77	4
			FAC	ILITY IN	FORMATION			50		ယ်	÷ 44.0	
Name of Facility Where Abatement is Ta	aking Place	(3)				Type of Facility	(4)	Z	`	艺		may - 3
KENWOOD AVE RESIDENCES						School (K-12		010	2		5	
Street Address			10.700	_		☐ Subchapter 8 ☐ Other (i.e., p				idipa	t	***
						homes, etc.)		COMMITTER CA	6	C		
City (5)						Square Feet	# of F	oors	Blo	g. Ag	е	
Camden						varies	vai	es		+0		
County (6)			Coun	ty Code (7)	(STATE USE ONLY)	Current Use (Pr	ior if beir) demolish	ed)			
CAMDEN						HOUSING D	EEME	UNSAFE				
Name of Monitoring Firm Hired by Build	ing Owner	(8)	ASCM	No.	Name of Abateme	ent Contractor (9)						
Health and Safety Services			117		Controlled E	nvironmental	System					
Street Address		-			Street Address							
PO Box 365					1121 N. Beth	lehem Pike - S	uite 60					
City, State, Zip Code					City, State, Zip Co	ode						
Berlin, NJ 08009					Spring House	e, PA 19477						
Project Manager for Monitoring Firm		Tele	ephone l	No.	Telephone No.		Licer	e No.				
Jim Proctor				39-2432	215 542 7000	<u> </u>	00	47				
	cheduled C				Name of OSHA N	lonitor						
2/_11_/_16_	_3_ /	_3	1_/_	16	CES							
Occupancy Status During Abatement (C	check only	one)			Street Address							
☐ Facility Closed/Vacated During Entire					1121 N Bethl	ehem Pike -Su	ite 60					
☐ Abatement Performed Outside of No Time of Abatement: 7:00AM-5:00P				cribe	City, State, Zip C	ode						
	IVI/P1	/!	Aivi		Spring Hous	e, PA 19477						
Scope of Work (Check all that apply)					□ Full Con	tainment with Ne	native Pr	SSUIFA				
≥3 sf or ≥3 lf		enovat			☐ Mini-End	closure	gative i i	Sourc				
≥160 sf or ≥260 lf	⊠ De	emoliti	on			g Procedure empted (*) and No	n Eriable	Drocedure				
	16	Loca	tion	T	⊠ Noil-Exe	impled () and No	III-I Habit	Flocedule		ateme	nt T	vne
Location of	100	Norma			Description of	of						
Asbestos-Containing Material (ACM	1	ed Sol	ely by		stos Containing Ma	aterial (ACM)	0.70,000	ount	Removal	Repair	Encapsulate	Enclosure
TO BE ABATED IN Facility	0.000		Staff?	(i.e	., thermal systems surfacing, VAT			ecify or LF)	ova	air	sde	nso
(13)		(12))		other miscellane		0.	,, _, ,	_		ilate	ė
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Name of Decistors J.Wester Head		14.		Mant	Cubia Vanda af	Nome of Deed	otored !	24611	Ш		Ш	Ш
Name of Registered Waste Hauler Waste Management of NJ		1.0	NJDEP I Hauler II		Cubic Yards of Waste	Name of Regi	Stered La	ПОПП				
			17273	3	200/residence					-		
City, State					Disposal Date 3/31/16	City, State	DA					
Fairless Hills, PA	T					Tullytown						
Completed By (Print or Type)	Title				Signature	ia Vio		Dat	. 1	j	9000117417	
Patricia Visco	Office	wana	ager		gallic	ua VIO	CO	6	1/1	12	016	9

(Pursuant to NJAC 8:60 and 5:16) Ohat # 10402

Date of Notification (1)				C-III	Manage	- f D : 11-11-	0 10 1 11	- Cried						
2 /	1 /	16				of Building	g Owner/Operator (2 den	2)		6	-	2016		
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☑ DOLWD	☐ Amended					Box 951					,	4		TT
□ DOH	Amendme					State, Zip C				EX.	_ 			279.000
☐ DCA	☐ Emergend		luding			mden, NJ		-		0,		=		< 行
(NJAC 5:23-8)	justificatio					of Contac	l.		Telepi	one Num	DEL	ب		decour.
	☐ Cancellati	ion		- 32	Jor	nn Bond			1	_		رن		3,44
					FA	CILITY IN	FORMATION				7	9		
Name of Facility Where Al		aking	Place	(3)				Type of Facility	ST 500					
LANDHAM AVE RES	SIDENCES							School (K-12		hon V 10	ě			
Street Address								☐ Subchapter (i.e., p homes, etc.)	rivate ar			uilding	s,	
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Camden								varies	STE 3:90%	ies		50+	36	
County (6)					Cour	aty Code (7)(STATE USE ONLY)	Current Use (Pr				301		
CAMDEN					Cour	ity Code (/	NOTATE OSE ONET	HOUSING D			200			
Name of Monitoring Firm I	dired by Duild	lina O	wnor (0\	ASCM	No	None of Abeter	10 100 FT 50 FT 10 TO ALL LOS		UNSAF	_			
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Street Address	ervices	-			117			nvironmental	system	;				
PO Box 365		121					Street Address	. 5: 0						
100000000000000000000000000000000000000								ehem Pike - S	uite 60					
City, State, Zip Code							City, State, Zip Co							
Berlin, NJ 08009		20-11		-			Spring House	e, PA 19477						
Project Manager for Monit	oring Firm			1000	lephone		Telephone No.			se No.				
		V-11	1.10			39-2432	215 542 7000		00	347				
Start Date (10)					etion Da	100	Name of OSHA M	lonitor						
Occupancy Status During														
☐ Facility Closed/Vacated			10.00	7.70	omont		Street Address	ham Dilea Co	:4- 00					
☐ Abatement Performed						scribe		ehem Pike -Su	ite 60					
Time of Abatement: 7:							City, State, Zip Co							
Scope of Work (Check all	that apply)											- 1		
☐ >3 sf or >3 lf			□ Re	nova	tion		☐ Full Cont	ainment with Neg	gative P	ssure				
≥160 sf or ≥260 lf			⊠ De				☐ Glovebag	g Procedure						
							Non-Exe Non-Exe	mpted (*) and No	n-Friabl	Procedu	re			
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Location of Asbestos-Containing M		,			lely by	Ashe	Description o stos Containing Ma		Λ.	ount	Re	Re	En	四
TO BE ABAT		'	Ma	nten	ance/		., thermal systems i		V. Comment	ecify	Removal	Repair	cap	clos
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Name of Registered Waste				113	NJDEP		Cubic Yards of	Name of Regis	stered La	ndfill				
Waste Management	of NJ				Hauler I 1727		Waste 200/residenc	GROWS						
City, State							Disposal Date	City, State						
Fairless Hills, PA							3/31/16	Tullytown	PA					
Completed By (Print or Type	pe)	Title				8017	Signature	11		Da	ite ,			
Patricia Visco		Of	fice N	lan	ager		Patus	1-3//1	ne	_	2/	10	75 IZ	
ASR 41							June	20- 1-11	vie		X/	1/6	016	,

(Pursuant to NJAC 8:60 and 5:16)

			(Pu	rsuan	t to NJA	C 8:60 and 5:16	6) Cher	k =	+	100	10	3	
Date of Notification (1)				Name	of Building	Owner/Operator (2)					_	
	16	_		City	of Came	den							
Agencies Notified Type Notifica	ation	9		Street	Address				U.	2016		刀	
⊠ EPA ⊠ Initial				PO	Box 9512	20			200	-		m	
☑ DOLWD ☐ Amended ☑ DOH Amendment				City, S	State, Zip C	ode			200	G	5	0	
☑ DOH Amendme ☐ DCA ☐ Emergen		uding		Car	nden, NJ	08101			50	1		17	1
(NJAC 5:23-8) justification		uunig		Name	of Contact	:		Teler	none Number	er		<	
☐ Cancellat	ion			Joh	n Bond			1		_	E		
N 45 W 144				FAG	CILITY IN	FORMATION			ZZ		ڢ	17	7
Name of Facility Where Abatement is 1	aking F	Place	(3)				Type of Facility		2		(C)		
ROSE STREET RESIDENCES						=	School (K-12		than V 12)	-			
Street Address							Subchapter 8 Other (i.e., property) homes, etc.)	rivate a		ial bu	ilding	s,	
City (5)							Square Feet		Floors	Ble	dg. A	ge .	
Camden							varies	V	ries	11	50+	-	
County (6)				Cour	tv Code (7)(STATE USE ONLY)				1			
CAMDEN						,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	HOUSING D						
Name of Monitoring Firm Hired by Build	ling Ow	vner (8	3)	ASCM	No.	Name of Abateme	ent Contractor (9)		V 				
Health and Safety Services				117		Controlled E	nvironmental S	Systen	S				
Street Address	2000					Street Address					3121		
PO Box 365						1121 N. Beth	lehem Pike - S	uite 6					
City, State, Zip Code						City, State, Zip Co	ode						
Berlin, NJ 08009						Spring House	e, PA 19477						
Project Manager for Monitoring Firm			Tele	phone	No.	Telephone No.		Lice	nse No.				
Jim Proctor					39-2432	215 542 7000		0	847				
					te (11)	Name of OSHA M	lonitor						
//	3	_ /	31	_ / -	16	CES							
Occupancy Status During Abatement (· · · · · · · · · · · · · · · · · · ·	C00000			Street Address							
☐ Facility Closed/Vacated During Entil						1121 N Bethle	ehem Pike -Su	ite 60					
☐ Abatement Performed Outside of No Time of Abatement: 7:00AM-5:00F					cribe	City, State, Zip Co	ode						
Time of Abatement. 7.00AW-5.00F	IVII	PIVI		_AIVI		Spring House	e, PA 19477						
Scope of Work (Check all that apply)													
≥3 sf or ≥3 lf		Rer	novati	on		☐ Full Cont	tainment with Neg losure	jative F	essure				
⊠ ≥160 sf or ≥260 lf	D	☑ Der	nolitic	n		☐ Glovebag	g Procedure						
		4000					mpted (*) and No	n-Friab	e Procedure				
Location of			Locat orma							Ab	atem	ent T	ype
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TO BE ABATED			ntena	nce/ Staff?		., thermal systems	insulation,		pecify	Removal	Repair	cap	clos
IN Facility (13)		Cust	(12)	olan!		surfacing, VAT, other miscellane		SI	or LF)	<u>a</u>		Encapsulate	ure
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Waste Management of NJ			11000	auler II 17273	No.	Waste 200/residenc	GROWS						
City, State				11215		Disposal Date	City, State						
Fairless Hills, PA						3/31/16	Tullytown	PA					
Completed By (Print or Type)	Title		<u> </u>			Signature	1		Date	9 1	£		
Patricia Visco	Off	ice N	lana	ger		Water	ren Vio	re	~ 2		12	sle	

(Pursuant to NJAC 8:60 and 5:16)

Date of Notification (1)				Name o	of Building	Owner/Operator (2	2)				,		
	1 / 16			City	of Camd	en			9	2018		D	
	Type Notification			Street /	Address				رتي	FED		M	
	Initial Initial			PO E	3ox 9512	0			SO 12	6	5	CITY	ŀ
	Amended			City, St	ate, Zip Co	ode			100	1	۵	11	3
☑ DOH □ DCA	Amendment #			Cam	den, NJ	08101			ENS			U-00	
(NJAC 5:23-8)	justification)	icidaling		Name	of Contact			Telep	one Number		3	ī	17
	☐ Cancellation			John	n Bond				شد	-,	ب	ž,	
				FAC	II ITY INI	FORMATION			0	5	רט		
Name of Facility Where Al	patement is Takin	g Place	(3)				Type of Facility (4)		2	-		- 1
SPRUCE STREET R		3	,				☐ School (K-12)						
Street Address							Subchapter 8			. I beaut	-1:		
0.0007.000							Other (i.e., pr homes, etc.)	ivate a	a commercia	ai bui	aings	5,	
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County (6)				Count	ty Code (7)	(STATE USE ONLY)	Current Use (Pri	or if be	ng demolishe	ed)			
CAMDEN							HOUSING D	EEME	UNSAFE				
Name of Monitoring Firm I	Hired by Building	Owner (8)	ASCM I	No.	Name of Abateme	ent Contractor (9)		-				
Health and Safety S		8		117		Controlled E	nvironmental S	ysten	S				
Street Address						Street Address							
PO Box 365	48					1121 N. Beth	lehem Pike - Si	uite 6					
City, State, Zip Code		_				City, State, Zip Co	ode		_				
Berlin, NJ 08009						Spring House							
Project Manager for Monit	oring Firm		Tele	phone I	No.	Telephone No.		Lice	nse No.				
Jim Proctor			С	609-83	39-2432	215 542 7000		0	847				
Start Date (10)	Sche	duled C	omple	tion Dat	e (11)	Name of OSHA N	onitor		-				
2 / 11 /		3 /				CES							
Occupancy Status During	Abatement (Chec	ck only o	ne)			Street Address							
□ Facility Closed/Vacate		and the second		ment		1121 N Bethl	ehem Pike -Su	ite 60					
☐ Abatement Performed	Outside of Norma	al Facility	y Hou	rs - Des	cribe	City, State, Zip C	ode						
Time of Abatement: 7:	:00AM- <u>5:00</u> PM/_	PN	1	AM		Spring Hous	e, PA 19477						
Scope of Work (Check all	that apply)							-5	The second second second				
☐ >3 sf or >3 lf		П Re	novat	ion		☐ Full Con	tainment with Neg	gative I	ressure				
≥3 \$1 61 ≥3 11 ≥160 \$f or ≥260 If		⊠ De					g Procedure						
						⊠ Non-Exe	empted (*) and No	n-Frial	e Procedure	_			
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Location			Norma	ely by	Asha	Description of stos Containing Ma			mount	Re	Re	En	E
Asbestos-Containing I TO BE ABA		Ma	inten	ance/		, thermal systems			specify	Removal	Repair	cap	Enclosure
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(13)		Yes	No		1	other miscellane	eous)					te	
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Waste Management				Hauler II		Waste	GROWS	0.0100	2				
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City, State						Disposal Date	City, State	D۸					
Fairless Hills, PA						3/31/16	Tullytown	FA	- T-				
Completed By (Print or T		tle				Signature	11		Dat	e/	1		
Patricia Visco		Office	Mana	ager		Palu	ca Ma	COS	2	11/	201	6	
ASB-41							C4 9/10000		/	1			

* Do not use this form for asbestos licensure exempted activities.

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Date of Notification (1)	1 / 1	6			f Building		Operator (2	2)			000	2010	MAIR FEB	TIP	3
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Agencies Notified	Type Notification	n		Street A							T-1) 1 — l	3	1	
⊠ EPA	☐ Amended				30x 9512					_	-5	0	w	-	100
☑ DOLWD ☑ DOH	Amendment	#		Court of the Court	ate, Zip Co						Z	0	3		-
□ DCA	☐ Emergency	No. 100 100 100 100 100 100 100 100 100 10			den, NJ (08101			1-	Falanha	ie Numb) (4 : 4
(NJAC 5:23-8)	justification)				of Contact				1 '	elepho	le Nullio	EL -	ې		p-44
	☐ Cancellation			(1000/00/00/00/00/00/00/00/00/00/00/00/00	Bond							-0	- 6	<i>y</i>	
				FAC	ILITY INF	FORM	ATION								_
Name of Facility Where	Abatement is Tak	ing Place	(3)						pe of Facility (4)						
WHITMAN AVE RE	SIDENCES								School (K-12) Subchapter 8 (Other th	an K-12)				
Street Address						Chil Bout-o		×	Other (i.e., priv	ate and	commerc	ial buil	dings	,	
,									homes, etc.)		0	1 =			_
City (5)								1 3	uare Feet	# of F			g. Age	9	
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County (6)				Count	y Code (7)	(STATE	USE ONLY)		irrent Use (Prior						
CAMDEN						W. Landerson		1	HOUSING DE	EMED	UNSAF	E			
Name of Monitoring Fire	n Hired by Buildin	g Owner ((8)	ASCM N	No.				Contractor (9)						
Health and Safety				117		Col	ntrolled E	nvi	ronmental Sy	stems					
Street Address						- To	Address								
PO Box 365									em Pike - Sui	ite 60					
City, State, Zip Code						City, S	State, Zip C	ode					74		
Berlin, NJ 08009						Spi	ring Hous	e, F	PA 19477						
Project Manager for Mo	nitoring Firm		Tele	ephone l	No.	Telep	hone No.			NAME OF TAXABLE	e No.				
Jim Proctor			C	609-83	39-2432	215	5 542 7000)	9	008	47				
Start Date (10)	Sc	heduled C	omple	etion Da	te (11)	Name	of OSHA	Vloni	itor						
2 / 11	/16	3 /	_3	1_/_	16	CE	S								
Occupancy Status Duri	ing Abatement (Cl	neck only	one)				t Address								
☐ Facility Closed/Vaca	ated During Entire	Period of	Abate	ement		113	21 N Beth	lehe	em Pike -Suit	te 60					
☐ Abatement Perform	ed Outside of Nor	mal Facili	ty Hou	rs - Des	cribe		State, Zip C								
Time of Abatement:	7:00AM-5:00PM	//PI	M	AIVI		Sp	ring Hous	se, I	PA 19477		_				
Scope of Work (Check	all that apply)						□ Full Cor	ntair	nment with Nega	ative Pr	ssure				
≥3 sf or ≥3 lf		□R	enova	tion			☐ Mini-En	clos	sure						
≥160 sf or ≥260 lf		⊠D	emolit	ion			Gloveba	ag P	Procedure oted (*) and Nor	-Friable	Procedu	ıre			
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		'	s Loca Norm				Description	of				-	_		1
Location Asbestos-Containing			ed So	lely by	Asbe	estos C	ontaining M	later	rial (ACM)		lount	Removal	Repair	Encapsulate	Enclosure
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City, State Fairless Hills, PA	Δ.						31/16		Tullytown	PA					
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Patricia Visco		Office	- ivial	ayei			& Our	cu	or wine	4		-/1	10	CLE	-

(Pursuant to NJAC 8:60 and 5:16)

Date of Notification (1)					Name	of Desilation	_	10111	,,			O4	UE	,	
	a .	40			Territoria.	OCH CHESTOCK CONTRACTOR		ner/Operator (2	2)						
	/	16			City	of Came	aen					_	9	_	
Agencies Notified	Type Notifica	tion			Street	Address					2	-	316	2	5
⊠ EPA	☐ Initial				PO	Box 951	20				J.		37	Ţ	100 m
☑ DOLWD	☐ Amended Amendme				City, S	state, Zip C	ode				200	0	8		777
□ DCA	Emergence		ludina		Car	nden, NJ	081	01				_	10		-
(NJAC 5:23-8)	justification	n)	iddirig		Name	of Contact	t			Tele	hone Numb	er		_	- Chan
	☐ Cancellati				Joh	n Bond					25.0		3	3	F
					FΔ	CILITY IN	FOR	MATION				-		9.5	-1
Name of Facility Where A	Abatement is T	aking	Place	(3)	170	JILIT I 114	. 01	WIATION	Type of Facility	(4)		0:	2	U)	
WILDWOOD STREE			1 1400	(0)					School (K-12			(5)	9	and the same	'
Street Address	- I KLOIDEIN								Subchapter	8 (Oth					
Oli oct / Address									Other (i.e., p		nd commerc	ial bu	ilding	s,	1
City (5)		allen							homes, etc.)		Floors	T DI	J - A -		
Camden									Square Feet			1	dg. Ag	je	-
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County (6)					Cour	ity Code (/)(S1A	TE USE ONLY)	Current Use (Pr						1
CAMDEN									HOUSING D		D UNSAF	E			
Name of Monitoring Firm		ing Ov	wner (8)	ASCM	No.	Nar	ne of Abateme	ent Contractor (9)						
Health and Safety S	Services				117		C	ontrolled Er	nvironmental	Syste	18				
Street Address							Stre	eet Address							
PO Box 365	20						1	121 N. Bethl	ehem Pike - S	uite 6)				
City, State, Zip Code			100				City	, State, Zip Co	ode						
Berlin, NJ 08009							S	pring House	e, PA 19477						
Project Manager for Mon	itoring Firm			Tele	ephone	No.	Tele	ephone No.		Lic	inse No.				
Jim Proctor				C	609-8	39-2432	2	15 542 7000		(0847				
Start Date (10)	S	chedu	iled C	omple	etion Da	te (11)	Nan	ne of OSHA M	onitor						
2/_11_/	0.02	3			1 /		С	ES							
Occupancy Status During	Abatement (C	Check	only o	ne)			Stre	eet Address							
☐ Facility Closed/Vacate	-				ment				ehem Pike -Su	ite 60					
☐ Abatement Performed						cribe		, State, Zip Co		ite ou					
Time of Abatement: 7								pring House							
Scano of Work (Chook at	I that apply						3	pring nouse	, PA 194/1						
Scope of Work (Check al	i triat apply)							☐ Full Cont	ainment with Ne	gative	ressure				
 ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf 			☐ Re					☐ Mini-Enc	losure	9					
≥160 sf or ≥260 lf		1	□ De	moliti	on			Glovebag			In Daniel	26			
		Т	1-	1		Т		☑ MOII-EXE	mpted (*) and No	n-rna	le Procedur	1			
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Name of Registered Was				100	NJDEP I		Was	oic Yards of ste	Name of Regi	stered	.andfill				
Waste Managemen	t of NJ				1727			00/residenc	GROWS		1				
City, State							Disp	posal Date	City, State						
Fairless Hills, PA							3.	/31/16	Tullytown	PA					
Completed By (Print or T	ype)	Title		-			-	Signature	11		Da	te ,			
Patricia Visco	70	Of	fice I	Vlana	iger			Water	es Use		Z	/	1	316	
								geene	- Unix	0	6	16	12	216	1

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* Do not use this form for asbestos licensure exempted activities.

(K 2 14)

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120)

Facility Closed/Vaca Abatement Perform Other – Describe: Coope of Work (Check Al ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf Location Asbestos-Containing line Facility (13) Baseme Baseme To Be Abai In Facility (13) Baseme	of Material (ACM) TED Hauler	Period of mal Facili	Renova Demoli s Locat Normal ed Sole aintena ttodial \$ (12) No	ation tion ion lly lly by nce/ Staff? N/A X IDEP Wasuler ID N 184	Asbestos Con (i.e. thermal surfa other n Pipe ste Cubic of Was 8 Dispos: 2/10/2	Street A Po Bo City, Sta Wood scription of taining Mat systems in cing, VAT, niscellaneo Insulatio	Address DX 734 Ste, Zip Code Iland Park, N Full Containn Mini-Enclosur Glovebag Pro Non-Exempte fereial (ACM) Insulation, Or Dus)	nent with respect of the pocedure and (*) and (\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	Negative I Non-Fria nount pecify or LF) OLF	Removal X	ocedu	re emen ype Encapsulate	Γ
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Facility Closed/Vaca	ated During Entire	Daviad -		ment		Po Bo	ddress 0x 734	J LLC					
Facility Closed/Vaca	ated During Entire	Daviad -		ment		Street A	ddress	LLC					
occupancy Status During	g Abatement (Che	ck Only)ne\			MIIIdA	- Contracting	LLC					
and the state of t		2/09/	2016				Contracting						
Start Date (10) 2/05/2016	1000	Schedu	uled Co	mpletion	Date (11)	Name o	f OSHA Monito		01266)			_
Rick Eustaguio				97349	94-3762	Telepho 973-6	one No. 592-6298		License				
Project Manager for Mor	nitoring Firm			Teleph	one No.	Wood	dland Park, i	NJ 074	24				
Union,NJ 07083						City, St	ate, Zip Code						
City, State, Zip Code	Jueet						ox 734						
Street Address 1130 W Chestnut S	Stroot	16.3					x Contracting	g LLC					
Biottera Solutions			(0)	ASC	VIVI INO.	Name	of Abatement C	Contract	r (9)				
Name of Monitoring Firm	n Hired by Building	g Owner	(8)		M No.		n/a			, noned	,		
County (6) Warren		1		Count	Code (7)		Current Use ('a	lichad	n/a		
Phillipsburg, NJ 08	3865						Square Feet n/a		of Floors			. Age	
City (5)		1 1 1					etc.)	e. privat	& comm	ercial b	ouildin	gs, ho	me
21 N Second Stre	et 🚪						Subchar	oter 8 (C	her than I	K-12)			
Street Address	9						School (K-12)					
Name of Facility Where Commercial Build	ina	king Plac	e (3)		- In Order	TION	Type of Facili	ity (4)					_
Name of Equilibrium					CILITY INFORMA	MOITA							
DOH DCA	justification Cancellat	on)			of Contact Piccione				elephone	Numb	er		
	Emergen	cy (includ	ling	Phil	lipsburg,NJ 08	865	ä						
X DEP X DOL	Amended Amendm			City,	State, Zip Code			;		2 11			
Redail LITA	X Initial			100000000000000000000000000000000000000	Mercer Street								
EPA EDEP	Type Notificati	ion			t Address	.C							
	1-			Del	aware Park LL	Cirobeiato	r (2)		P + 1				
Date of Notification (1) 1/26/2016 Agencies Notified				ivam	e of Building Own	or/Onorato	- (0)						_

CK 14108

NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1) JAN. 28, 2016			Name of Building Owner/Operator (2) RUMSON MANAGEMENT											
Agencies Notified Type Notification	Type Notification			Street Address 95 AVENUE OF TWO RIVERS						FEB 3 NA				
DEP Amended Amendment #			City, State, Zip Code RUMSON, NJ 07760						G .					
DOH Emergency justification) DCA Cancellation		Name of Contact PETER CIAGLIA						shape Number						
Name of Facility When Abeter at 1711	D. (6)	F	CILITY INF	ORMATION										
Name of Facility Where Abatement is Takin FORMER FLORIST	g Place (3)				,	Type of Facility								
Street Address 99 AVENUE OF TWO RIVERS						School (K-1 Subchapter Other (i.e. p	r than K-12) commercial buildings, homes,							
City (5) RUMSON						Square Feet 700 SF	et #o Floors Bldg. Age 1930							
County (6) County Cod MONMOUTH (STATE USE				0	Current Use (Prior if be FORMER RETAIL			g demolished) -LORIST						
Name of Monitoring Firm Hired by Building Owner (8) N/A ASCM No.					Name of Abatement Contractor 9) Finishing Touch Asbesto; Abatement Corp., Inc.									
Street Address					Street Address 17 Thompson Street									
City, State, Zip Code				Cit V	City, State, Zip Code West Long Branch, NJ 0 '764									
Project Manager for Monitoring Firm N/A Telephor					Telephone No. 732.222.8372			License No. 00040`						
Start Date (10) Scheduled Completion Date (11) FEB. 10, 2016 FEB. 11, 2016					Name of OSHA Monitor N/A									
Occupancy Status During Abatement (Check Only One)				Sti	Street Address							-		
Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours Other – Describe:					City, State, Zip Code									
Scope of Work (Check All That Apply)	A Maria													
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	Renovation Demolition				Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure									
	570						Non-Friable Procedure Abatement							
Location of	cation mally	ally			cription of				Type					
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) Used S Mainte Custodia (1)			Asbes (i.e.	stos Containir thermal syst surfacing,	ntaining Material (ACM) al systems insulation, facing, VAT, or miscellaneous)		(S	nount pecify or LF)	Remova	Repair	Encapsulate	Enclosure		
	Yes N	No N/A	4						_		ate	ė.		
FIRST FLOOR	三龍 :	X		VA	T		50) SF	X					
Name of Registered Waste Hauler														
			Naste Cubic Ya of Waste 1		ds	TRRF I	e ed Landfill							
City, State WEST LONG BRANCH, NJ 07764				Disposal D 2/11/16					- 100					
Completed by JOSEPH P. MILLER	Title PRESII		Signa	Signature AMA				Date 1/28/16						